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## Community Health as Community Partnerships

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PREVIOUS  
ARTICLE



ISSUE  
CONTENTS



NEXT  
ARTICLE

## Community Health as Community Partnerships

### Abstract

The article describes a project to improve health outcomes of a rural community by fostering collaboration among the health care providers, support systems, consumers, and community leaders. The presence of Ohio State University Extension was a key step in building the framework for collaboration. A "Community Health Assessment" was developed as a means to do a broad-based survey of community residents. The assessment focused on health education, health care, and financial concerns. Survey results showed that many resident concerns were directly related to the infrastructure of health in the community.

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### Introduction

Health is a complex concept that incorporates the individual health of citizens, the multiplying effect of family health, and the cumulative effect of community health (Dresbach, 2001). This article describes a project whose purpose was to empower the community through a collaborative effort in order to bring about improved community health.

The health of a community is directly related to relationships among organizations, neighborhoods, families, friends, and individuals (Eng, Salmon, & Mullan, 1992). Thus, understanding the concerns and issues perceived by individuals in the community was important in understanding of health on a societal level. The project was conducted in a rural Ohio farming community with a population of about 30,000.

### Process

Taking advantage of the presence of Ohio State University Extension was a key step in building the framework for collaboration in Fayette County, Ohio. Like Extension systems in other states, Ohio State University Extension is administered through the land-grant institution, Ohio State University, a comprehensive system of research, education, and experiment stations. By virtue of the complimentary missions, three participating agencies, Scioto Valley Health System Agency, Fayette County Health Department, and Ohio State University Extension were able to initiate a community decision-making process to identify, prioritize, and act on health concerns.

With a successful history of other community decision-making and action efforts, citizen participation in countywide efforts was very strong. Understanding the prior social situation, historical context of relationships, concerns, and issues was essential to create a foundation of continued public participation from traditional and non-traditional health partners (Beal, Blout, Powers, & Johnson, 1966).

### Asset Mapping

Each of the public and private health care entities in the county had completed their own assessment, but no compilation of results or recommendations had been made to date. OSU Extension was able to bring in an out-of-county facilitator for a series of participatory meetings. Participants were asked to identify all the contributing components that impact health:

- Social,
- Emotional,
- Political,
- Environmental, and
- Behavioral.

The facilitator used techniques to guide the discussion to reveal biases, experiences, beliefs, attitudes, and values. This process established the environment for decisions, programs, and evaluations to occur. The participants were able to identify three major foci:

- Health education,
- Access and availability issues, and
- Financial concerns.

Participants then initiated an "asset map" that took each focus and identified all the potential contributions already established in the county.

From the compiled data, participant input, and the development of the asset map, a "Community Health Assessment" was developed as a means to do a broad-based survey of county residents. The assessment was intended to gather consumer input on the various health focus areas. The assessment focused on three identified areas that were further refined into:

1. Health Education - Lifestyle/Behavior Concerns;
2. Health Education - Environmental, Geographical and Occupational Concerns;
3. Health Care Access & Availability;
4. Health Care Providers; and
5. Financial Concerns (Escovitz, Birdwell, & Dresbach, 1992).

### Community Health Assessment

While all health issues are important in communities, at some point, prioritization must happen to effectively allocate resources. Using previous needs assessments to gather the breadth of issues, this community health assessment asked specifically to rank the issues in an effort to focus resources. By focusing efforts in each of the identified areas, the limited resources available in the initiating agencies could effectively be allocated.

The assessment was distributed at an annual Community Health Fair in Fayette County. Respondents were asked to rank their top three health issue/concerns in each section of the assessment. Each category had 20 to 25 issues listed. The top three in each category are reported. Age and sex demographics were obtained but not racial/ethnic identity because 96.6 percent of Fayette County's population is Caucasian. After eliminating unusable surveys, the n was 126.

### Results

Table 1 shows the top three concerns in each category.

**Table 1.**  
Top Three Concerns in Each Health Assessment Category

<b>Health Education - Lifestyle/Behavior Concerns</b>	
Stress	37%
Cancer	35%
Heart Disease	23%
<b>Health Education - Environmental, Geographical &amp; Occupational Concerns</b>	

Water Quality	50%
Motor Vehicle Accidents	38%
Food Quality	33%
<b>Health Care Access &amp; Availability</b>	
Shortage of Primary Care Physicians	63%
Use of Emergency Care System for Non-Urgent Care	31%
Shortage of Physician Specialists	27%
<b>Health Care Providers</b>	
Refusal of Health Care Providers to Accept New Patients	55%
After-Hours Health Care Services	51%
Refusal of Health Care Providers to Accept Medicare/Medicaid Patients	28%
<b>Financial Concerns</b>	
Affordable Health Insurance Coverage	49%
Affordable Medical Care	32%
Lack of Health Insurance Coverage for Preventative or Screening Procedures	28%

The results of the survey show that many of the concerns of rural residents in this county were directly related to the infrastructure of health in the community. Individual concerns affect community health priorities, and, subsequently, agencies can direct resources appropriately by understanding people's concerns. Current perceptions of concerns, such as drinking water, must be recognized so that appropriate resources are used. Is the quality of drinking water threatened, or is this a concern because people have been told they should be concerned? Depending on the answer, different agencies and resources would be used to address this issue.

The difficulty in addressing health at a community level is that the "process" takes time and is not easily defined as "finished." In working with individuals who want change to occur, this process is sometimes burdensome because it does not produce instantaneous results. This may lead to attrition of community participation and a perception that participants need to speed up the process by making hasty decisions. Another stumbling block to this process is the perceived risk that agencies and organizations could lose their identity in becoming part of the process.

### **Implications**

Further study is needed to assess the interrelationship of health to the community. As other health issues are studied, health of the community is segmented into smaller subjects and extrapolated to the bigger picture based on a small sub-set. The interrelationship of health itself needs in-depth study to better understand the whole rather than focus solely on components. This interaction and relationship are very critical to understanding the dynamics of health, particularly in times of dwindling resources.

Extension personnel at the local level have skills to assist health agencies to combine their resources to encourage improved community health. Extension, acting as the facilitator, can focus attention on assets and break down barriers in health systems, thus enabling agencies to

effectively use their scarce resources.

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